## Foster Family Home - Corrective Action Report

Home Name:	Marylou Inoce	ncio, CNA	Review ID:	2-509838-7	Manual September 18 September 1
195 Kapualani Str	reet		Reviewer:	Carol Copeland	
Hilo	н	96720	Begin Date:	10/29/2019	aft.
Foster Family I	Home R	equired Certifi	cate	[11-800	<b>0-6]</b>
6.(d)(1)	Comply with a	all applicable req	uirements in this ch	apter, and	
Comment:					-
6.(d)(1) Home i	nspection perfo	formed to recert one month of ins	ify two client hom spection.	e. Home not in com	pliance on day of inspection. Plan of
Foster Family I	Home B	ackground Ch	ecks	[11-800	0-8]
8.(a)(1) Comment				cordance with section	846-2.7, HRS;
8.(a)(1) Only or	ne set of finger	rprints in home	binder for caregive	er #4.	
Foster Family	Home P	ersonnel and	Staffing	[11-800	0-41)
41.(b)(7)				department guidelines	
41.(b)(8)	Have docum resuscitation	entation of currer , and basic first a	nt training in blood b iid.	orne pathogen and inf	fection control, cardiopulmonary
Comment:					
barra binder for	r caregiver #2			household member	#2 for 2018. No current TB clearance in
	p.p. Card	ol Copeland /	Angel Engl	ens	2/18/20
	Compliano	ce Manager	ona f du		Date
	Kon	In RM	ong fr My	JOHN _	Nov. 18. 19
	Primary C	are Giver	/		Date '

Provider ID:

2-509838

## Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Marylou Incordorio CCFFH Address: 196 Kapuafani (7- Hilo, Harvani 96720

Ruie Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41-(b)7 05#1	Reducated copy from Staff Development Coordinator	Dec. 01, 19	Nok for a copy to reptace
41 (b) 7 (5) #2	Made an appointment to his POP	Dec-50,'19	Make an appointment ahead of twie before if
4(6)8	Reavasted copy fk HR	ilax. 20,119	Remind 1705 to do it before it will lapone
		- Lie	

Primary Caregiver's Signature: A My Im Roman A Moonen Print Name: Marylou Rivera M. Incomoto Date of Signature: Tanyary 31, 2020